

COLORADO EQUITABLE ECONOMIC MOBILITY INITIATIVE

BEHAVIORAL HEALTH
TRANSFORMATIONAL TASK FORCE

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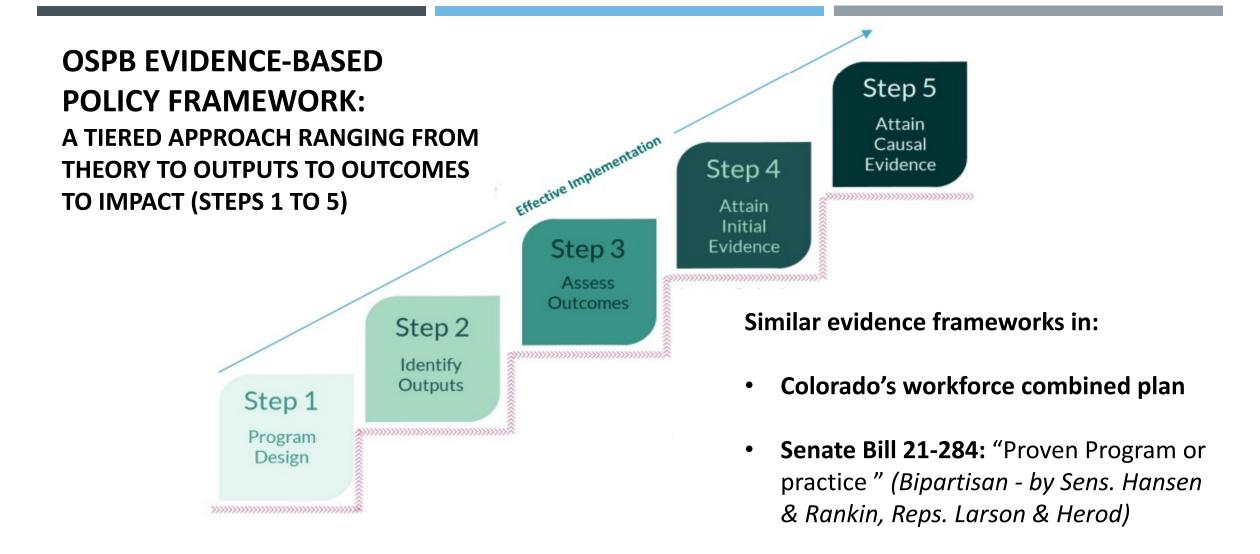
THE COLORADO EQUITABLE ECONOMIC MOBILITY INITIATIVE (CEEMI)

CEEMI is a 501c3 to scale effective, rigorously evaluated postsecondary and workforce development programs

We focus on:

- **Equity**: Especially systemic barriers to access and opportunity, including learners of color, learners in poverty, learners with barriers to employment, and rural communities.
- Effective, intensive programs: Scaling evidence-based programs

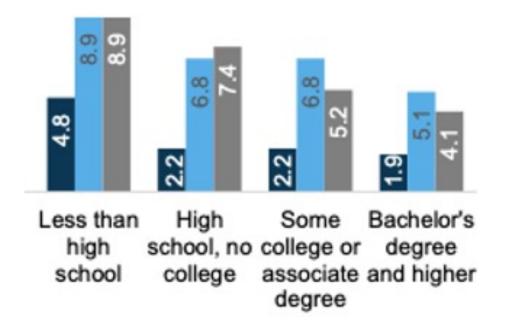




Sources: OSPB FY 22-23 Budget Instructions Evidence Standard, Colorado Combined State Plan (2020) and Senate Bill 21-284



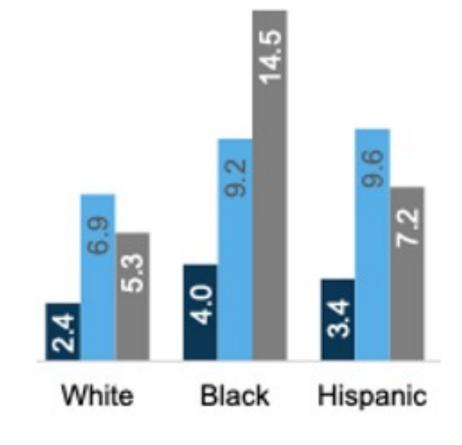
COLORADO UNEMPLOYMENT RATES BY KEY DEMOGRAPHICS

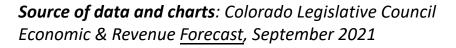




■2020 Annual Average

■2021*



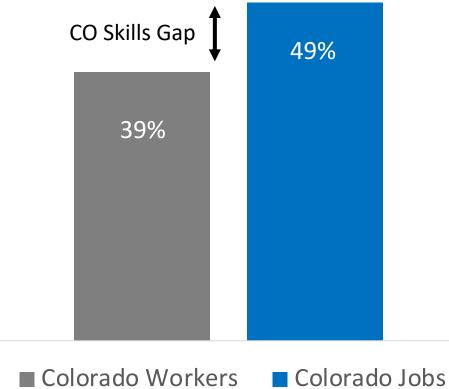




^{* 2021} twelve-month average, September 2020 to August 2021.

COLORADO MIDDLE SKILLS GAP

49% of CO jobs require more than a high school equivalency, less than a 4 year degree Just **39%** of CO workers are at this "middle skills" training level



Example: Colorado faces an acute mental and behavioral health workforce shortage

In addition to psychiatrists/psychologists, social workers, etc., also consider middle-skills pathways that could help address this challenge.

For instance, in the U.S., approximately 125,000 Psychiatric Mental Health Registered Nurses are second largest behavioral health profession, after social workers. At least 25% are "middle skills" (associate's degree). Just 3% are Hispanic.

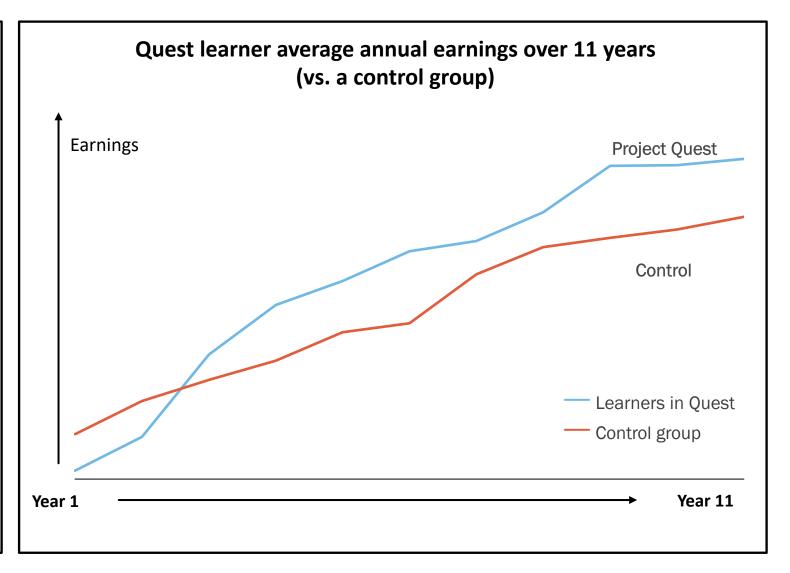
Meanwhile, at the start of pandemic, over 300,000 Coloradans of working age were below poverty, more than 2X as likely to be Hispanic as their more affluent neighbors. How do we unlock opportunity for them?

Sources: National Skills Coalition, 2020, The Current
Psychiatric Mental Health Registered Nurse Workforce,
Journal of the American Psychiatric Nurses Association,
2021, Colorado Center on Law and Poverty, 2020



EXAMPLE: PROJECT QUEST

- Comprehensive sectoral employment & supports for lowincome learners (74% Hispanic, 88% women) with local community colleges.
- A randomized evaluation over 11 years, found aggregated impacts of over \$30K higher for Quest learners, compared to control.
 (Top evidence level)
- QUEST participants 2X as likely to earn a college credential in health-care (e.g. licensed vocational nursing certificates), increased degree attainment





THE CHALLENGE, THE MOMENT, THE OPPORTUNITY

- Other sectoral employment training, upskilling and reskilling programs across multiple sectors at the top evidence-tier, including Per Scholas/ActivateIT (here in Colorado), Year Up, Wisconsin Regional Training Partnership, others.
- But none of these programs are funded at scale by the public sector, anywhere.
- A lack of training programs in Colorado (and nationally) specifically focused in the behavioral health field at the top level of evidence
- Other local Colorado models have promising emerging evidence and are ready to have their impact more rigorously measured, and scale.



KEY RECOMMENDATIONS

- In deploying ARPA funds, an opportunity to build greater evidence of effectiveness for programs while addressing our behavioral health workforce shortage.
- Specifically, this should include, among other recommendations:
 - 1. A rigorous evidence standard for a tranche of ARPA funds for workforce programs (encourage the replication of top-tier evidence models by local providers, and encourage other programs to conduction evaluations/leverage data to reach top tier).
 - 2. Build Evidence of Effectiveness: Use secure, anonymized administrative data to measure degree/credential attainment and wages over time, to build evidence of effectiveness across a range of promising talent models.
- Also note that this evidence standard has applicability across behavioral health (MST, etc.)



EXTRA SLIDE: NOTABLE ALLOWABLE USES OF ARPA FUNDS

(U.S. TREASURY INTERIM FINAL RULE)

- "Assistance to households or populations facing negative economic impacts due to COVID-19 is also an eligible use." This can include "job training to address negative economic or public health impacts experienced due to a worker's occupation or level of training."
- State, local, and Tribal governments may also use ARPA funds to "engage in planning and analysis in order to improve programs," including through use of "targeted consumer outreach, improvements to data or technology infrastructure, impact evaluations, and data analysis."

